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Date February 28, 2006 **Pages including cover** 11

Subject Response to Official Action

Re: Application of Michael Birsha DAVIES
U.S. Serial No.: 09/914,999 Filed: November 13, 2001
Title: *Dose Protector for Inhalation Device*
Attorney Docket No. PG3619USw

Attached:

1. Transmittal form with Certificate of Transmission
2. Amendment with Request for Extension of Time (1-month)

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

09/914,999

Filing Date

November 13, 2001

First Named Inventor

Michael Birsha DAVIES

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Art Unit

3764

FEB 28 2006

Examiner Name

Brown, Michael A.

Attorney Docket Number

PG3619USw

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD. Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	James P. Rieck Registration No. 39,009 Tel.: (919)483-8022
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Signature



Date

February 28, 2006

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the

Typed or printed name

Marjorie J. Pfleiffer

Signature



Date

February 28, 2006

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT OFFICE

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Applicant : DAVIES, Michael B.
Application No. : 09/914,999
Filed : 11/13/2001
Title : DOSE PROTECTOR FOR INHALATION DEVICE

Grp./A.U. : 3764
Examiner : BROWN, Michael A.

Docket No. : PG3619USW

FEB 28 2006

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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AMENDMENT D

This Amendment is in response to the Office Action dated 1 November 2005. Applicant hereby requests a one (1)-month extension of time to extend the response period up to and including 1 March 2006. The Commissioner is hereby authorized to charge such fees to Deposit Account No. 07-1392.

Amendments to the Claims appear on page 2 of this document.

Remarks/Arguments appear on page 7 of this document.

The Conclusion appears on page 9.

Please amend the above mentioned application as follows: